

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE			
							10/1590446					
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1			1				51					
2				1			52					
3					1		53					
4						1	54					
5							55					
6							56					
7							57					
8							58					
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40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.		2		2			TOTAL IND.		2			
TOTAL DEP.		29		29			TOTAL DEP.		29			
TOTAL CLAIMS			31				TOTAL CLAIMS					